

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO. **09/903,896**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			X		X		51						
2				X		X	52						
3				X		X	53						
4				X		X	54						
5			X	X	X		55						
6				X		X	56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		1		1		TOTAL IND.						
TOTAL DEP.	9		5		7		TOTAL DEP.						
TOTAL CLAIMS	11		6		8		TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/903,896**
APPLICANT(S)

FILING DATE

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	X					51
2						52
3						53
4						54
5	X					55
6						56
7	X					57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15	I					65
16	I					66
17	I					67
18	I					68
19	I					69
20	I					70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	1					TOTAL IND.
TOTAL DEP.	5					TOTAL DEP.
TOTAL CLAIMS	10					TOTAL CLAIMS